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Dysentery

on

Constipation resembling Dysentery
submitted to the examination of

A
Dissertation
on
Constipation

by
William A. Tatem, N. Jersey
Doctor of Medicine

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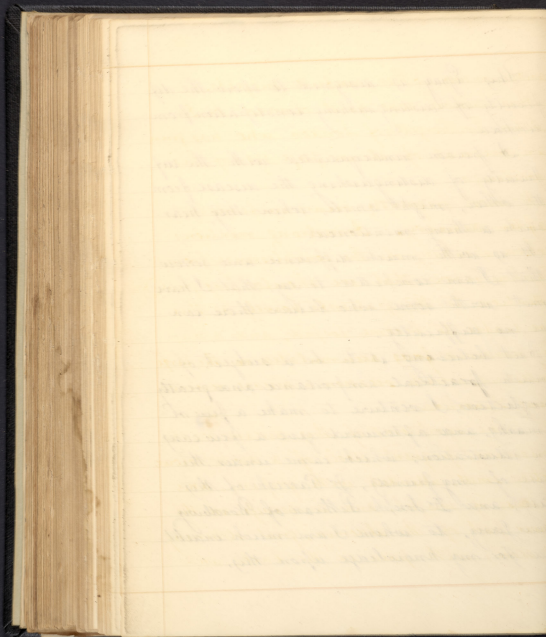
A
Dissertation
on
Constipation resembling Diarrhoea
submitted to the examination of
The
Provosts, Trustees and
Medical Professors
of the
University of Pennsylvania
for the degree of
Doctor of Medicine
by
William A. Paten
of
New Jersey
1828

This Essay is designed to show the difficulty of distinguishing constipation from diarrhoea.

A person unacquainted with the difficulty of distinguishing the disease from the other, might smile, when they hear such a thing mentioned.

It is with much diffidence and sorrow that I am compelled to say, that I have met with some who believe there can be no difficulty.

But believing it to be a subject of much practical importance and greatly neglected, I venture to make a few remarks, and afterwards give a few cases in illustration; which came under the care of my friends, Dr Parrish of this City, and Dr Joseph Fithian of Woodbury New Jersey, to whom I am much indebted for my knowledge upon this.



and many other usefull subjects.

This disease was first observed by Dr John Forthergill of London who has given an account of it in page 191- of his writings

It most frequently occurs in females after delivery. Armstrong mentions when speaking of the convalescence from Typhus fever, that we should pay great attention to the patients bowels as they are liable to become torpid, and a mass of harden'd feces accumulates in the large intestines, which occasion a disease resembling Diarrhoea.

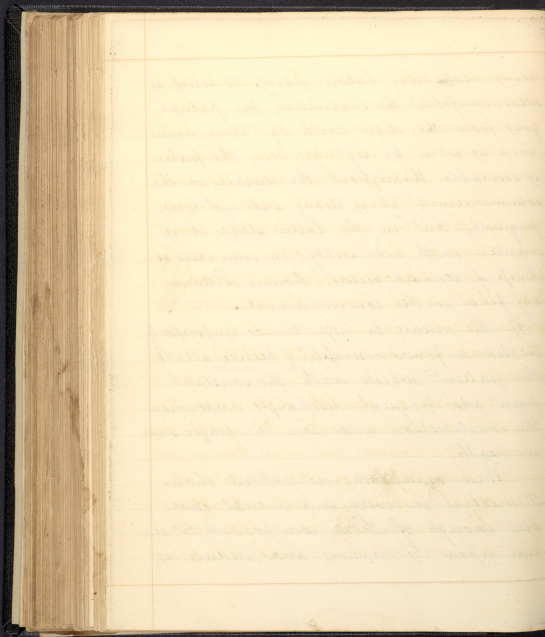
The symptoms of this disease are the following, frequent stools of a dark colour, fetid smell, attended with griping, and a sense of weight, and uneasiness in the lower part of the abdomen, great straining at stool, with pain in the back, and

the main body of the text is written in a cursive script, which is mostly illegible due to fading and the angle of the page. The text appears to be organized into several paragraphs, with some lines indented. The handwriting is characteristic of the 18th or 19th century. The page is numbered '1' in the top right corner. The left edge of the page shows the binding of the book, with multiple pages visible underneath.

going, resembling labour pain, No relief is obtained from the evacuation, the patient goes from the chair with the same uneasiness as when he left his bed, the pulse is irritable throughout the disease, in the commencement it is strong and not very frequent, but in the latter stage it is counted with difficulty, in some cases sickness of stomach occurs, there is seldom any fever in the commencement.

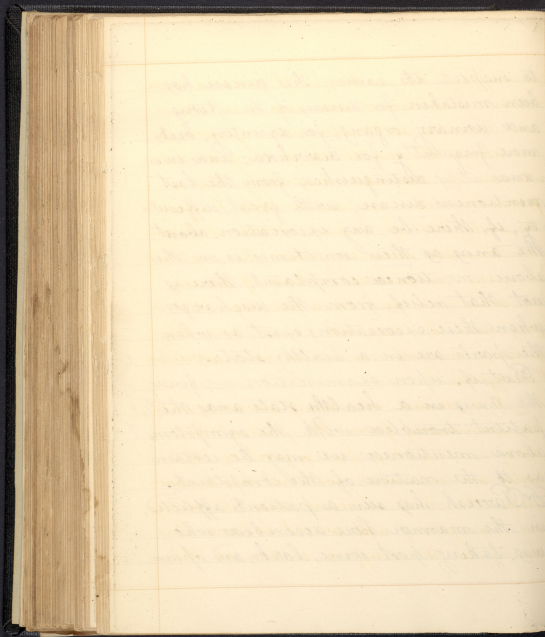
If the disease be neglected or improperly treated a fever resembling typhoid attacks the patient which with the constant pain and frequent discharges undermines the constitution and close the tragic scene in death.

These symptoms do not all show themselves in every individual case but enough of them are present to decide upon its nature and induce it,



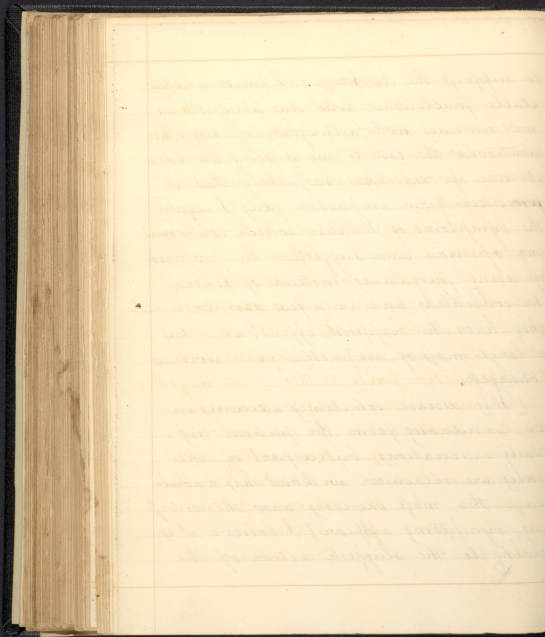
to suspect its cause; this disease has been mistaken for diseases of the uterine and urinary organs, for dysentery, but more frequently for diarrhoea; and indeed it is distinguished from the last mentioned disease, with great difficulty, if there be any excoriation about the anus as this sometimes is in the above mentioned complaint, there is not that relief from the discharges when these excoriations exist as when the parts are in a healthy state.

But if, upon examination we find the anus in a healthy state and the patient troubled with the symptoms above mentioned we may be certain as to the nature of the complaint. Dr Parrish has seen a patient afflicted in the manner here described who was taking port wine, bark, and opium



to suppress the discharge. I know a respectable practitioner who was using the same remedy with astringent injections; he mentioned the case to me as being an obstinate case of diarrhoea; suspecting that it proceeded from impacted feces I requested the symptoms of the case which confirmed my opinion and suggested the propriety of using purgatives instead of tonics, he consented and in a few days told me they had the happiest effect, and that a large mass of impacted feces were discharged.

This disease sometimes advances in an insidious form the patient has daily evacuations, but a part of the feces are retained, without his knowledge the mass increases and the distressing symptoms appear; I believe it is owing to the sluggish action of the



interesting that the faeces first become lodged in the Colon or Rectum; at this time I believe a dose of Ol Ricini or any other gentle laxative with a little attention to diet would prevent the future complaint.

What causes the stools to be liquid and fetid I am at a loss to determine, unless it be the irritable state of the intestines; the fetor I think is occasioned X by the exertions of the intestines being unhealthy, and being in contact with the impacted faeces as they smell very bad.

The pain at stool may be occasioned by the tender state of the intestines, and the impacted faeces acting as a mechanical cause in obstructing their passage. All the other symptoms are the effect of irritation.

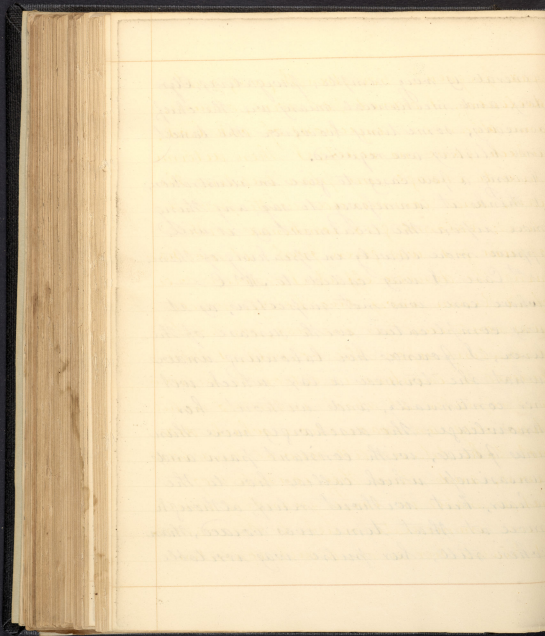
The treatment of this disease in

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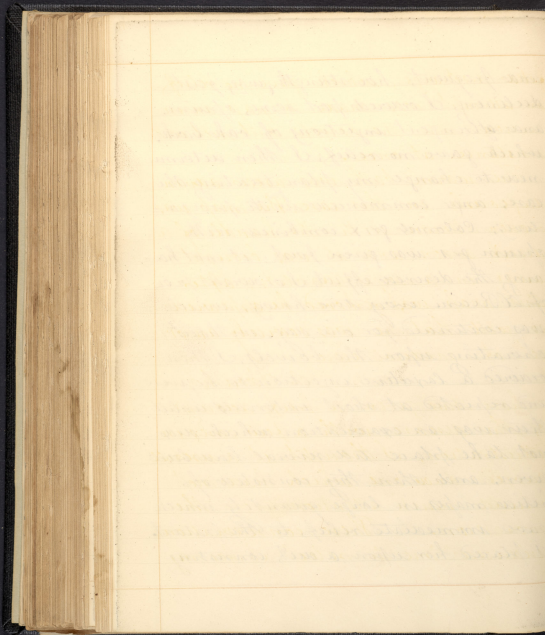
general is very simple; purgatives, Clysters, and mechanical means are the chief remedies, sometimes however the lancet and blisters are required.

Having a few cases to give in illustration, I think it unnecessary to say any thing more upon the treatment as it will appear more clearly in speaking of them.

1st Case I was called to M^{rs} C — whose case was not suspicious, as it was complicated with disease of the liver, I found her labouring under what she termed a colic which wet her continually, and without her knowledge; the discharges were thin and fetid, with constant pain and uneasiness which called her to the chair, but without relief although more at that time was voided, than when still; her pulse was irritable



and frequent; her strength was fast declining, I ordered port wine, opium, and astringent injections of oak bark, which gave no relief; I then determined to change my plan treating the case; and commenced with purgatives; Calomel grs x combined with opium grs was given four; it not having the desired effect I ordered ℞ of Ricini every two hours, which was continued for one day, without operating upon the bowels, I then ordered a laxative injection to be given and repeated at short intervals until there was an evacuation which did not take place till several haubers given, and then they consisted of fetid mages in large quantity which gave immediate relief to the patient. I placed her upon a diet consisting

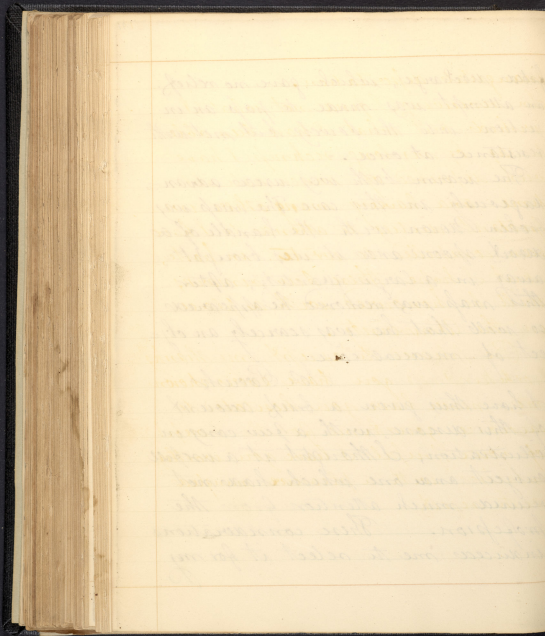


fecal discharge, which gave no relief. an attempt was made to pass an injection into the bowels but met with resistance at once.

The warm bath was used advantageously in this case. The nap was broken down with the handle of a dessert spoon and it was brought away in a large quantity; after this nap was removed he appeared so well that he was scarcely an object of medical care.

Dr. Parrish

I have thus given a brief account of this disease, with a few cases in illustration. I thought it a useful subject and one which had not received much attention from the profession. These considerations induced me to select it for my



inaugural dissertation.

In reviewing I find not what I wished, but what I have been able to say by my long sickness I have been deprived of much valuable time and having many other important duties to attend to I have been compelled to write in haste, but I hope these few remarks will be honored with a place in the University.

Be pleased to accept my thanks for the kindness you have every shown me, never have you hesitated to sacrifice your time for the benefit of your pupils. I leave you worthy professor with a pleasure mingled with regret.

